

<b>Case Number:</b>	CM13-0038603		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41 year old male with a date of injury on 05/19/2012. He fell off scaffolding. He fell from a height of 25 feet. On 12/19/2012 a MRI of his right shoulder revealed a partial rotator cuff tear with impingement. He had a SLAP deformity of the glenoid labrum. On 05/23/2013 he had arthroscopic right shoulder rotator cuff/labral repair and acromioplasty. He then received post-operative physical therapy and chiropractic care. By 07/29/2013 he completed 5 post-operative physical therapy visits. 12 more were requested. He has been receiving chiropractic care and physical therapy for months since 08/2012. On 09/30/2013 he had complaints of his Final Determination Letter for IMR Case Number [REDACTED] shoulder, back, chest, arms, ribs, knees and feet. Right shoulder strength was 4/5. Right shoulder flexion was 160 degrees, abduction 180 degrees. On 10/10/2013 the right shoulder pain was 7/10. In 10/2013 an additional 12 physical therapy visits for the right shoulder were requested and not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **TWELVE (12) PROSPECTIVE PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER, 3 X PER WEEK FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 27,Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** It is unclear how many physical therapy visits he had for this right shoulder. He had months of physical therapy prior to the surgery on 05/23/2013 and he had 5 post-operative visits and another 12. He may have had more. He continues to have right shoulder pain. MTUS for post-operative physical therapy after partial rotator cuff repair with impingement allows for a maximum of 24 visits over 6 months. He had at least 17 and the additional requested 12 visits would exceed the guideline. Also for chronic pain the maximum allowed is 10 visits which have already been exceeded recently. By this point in time relative to the injury he should have been transitioned to and instructed in a home exercise program. Continued formal physical therapy is not superior to a home exercise program at this point in time.